

loss of sight occurs for the most part during the early or middle years of adult life.

#### BLINDNESS A BAR TO MARRIAGE.

The statistics as to age at which sight was lost bring out some interesting facts concerning the extent to which marriage takes place among the blind. The majority of those who have not married before they lose their sight continue single for the remainder of their lives. But the fact that the percentage single is higher among the females who lost their sight before the age of 20 than it is among the males indicates that blindness is less of a bar to marriage in the case of males than of females, since, all other things being equal, the percentage should have been somewhat lower for females by reason of the fact that women ordinarily marry earlier than men. The figures show, however, that while marriage is much less frequent among the blind than among those who can see, it is by no means rare; of the males who had lost their sight between the ages of 15 and 19, for example, about one-third, and of the females, about one-fifth, had married since they became blind.

### Medical Preparedness

#### INFORMATION REGARDING THE CORRELATED ACTIVITIES

OF THE

#### COUNCIL OF NATIONAL DEFENSE AND THE ADVISORY COMMISSION, THE MEDICAL DEPARTMENTS OF GOVERNMENT

AND THE

#### COMMITTEE OF AMERICAN PHYSICIANS FOR MEDICAL PREPAREDNESS

Under existing conditions it is desirable that every physician as well as every other loyal citizen of America should be prepared to render active service to the Federal Government, remembering that the protection afforded by the Government has made it possible for its citizens to enjoy liberty, peace and prosperity.

The avenues through which the most effective service can be rendered by members of the medical profession have taken definite and concrete form. Briefly, the plan is that all medical activities should co-operate with the Council of National Defense.

It would seem desirable at this time to state explicitly just what the Council of National Defense and its various agencies are.

The Council of National Defense was created by Act of Congress, August 29, 1916.

Sec. 2. That a Council of National Defense is hereby established, for the coordination of industries and resources for the national security and welfare, to consist of the Secretary of War, the Secretary of the Navy, the Secretary of the Interior, the Secretary of Agriculture, the Secretary of Commerce, and the Secretary of Labor.

That the Council of National Defense shall nominate to the President, and the President shall

appoint, an **advisory commission**, consisting of not more than seven persons, each of whom shall have special knowledge of some industry, public utility, or the development of some natural resource, or be otherwise specially qualified, in the opinion of the council, for the performance of the duties hereinafter provided. \* \* \* \*

That the Council of National Defense shall adopt rules and regulations for the conduct of its work, which rules and regulations shall be subject to the approval of the President, and shall provide for the work of the advisory commission to the end that the special knowledge of such commission may be developed by suitable investigation, research, and inquiry and made available in conference and report for the use of the council; and the council may organize subordinate bodies for its assistance in special investigations, either by the employment of experts or by the creation of committees of specially qualified persons to serve without compensation, but to direct the investigations of experts so employed.

A committee of distinguished physicians was asked to present to the President, names of medical men suitable for membership on the advisory commission. Dr. Franklin H. Martin of Chicago was selected.

The following statement was issued by President Wilson on the night of October 11, 1916, in announcing his appointment of the civilian advisory members of the Council of National Defense:

The Council of National Defense has been created because the Congress has realized that the country is best prepared for war when thoroughly prepared for peace. From an economic point of view there is now very little difference between the machinery required for commercial efficiency and that required for military purposes.

In both cases the whole industrial mechanism must be organized in the most effective way. Upon this conception of the national welfare the council is organized in the words of the act for "the creation of relations which will render possible in time of need the immediate concentration and utilization of the resources of the nation."

The organization of the council likewise opens up a new and direct channel of communication and co-operation between business and scientific men and all departments of the government, and it is hoped that it will in addition become a rallying point for civic bodies working for the national defense. The council's chief functions are:

1. The coordination of all forms of transportation and the development of means of transportation to meet the military, industrial and commercial needs of the nation.

2. The extension of the industrial mobilization work of the Committee on Industrial Preparedness of the Naval Consulting Board and complete information as to our present manufacturing and producing facilities adaptable to many sided uses of modern warfare will be procured, analyzed and made use of.

One of the objects of the council will be to inform American manufacturers as to the part which they can and must play in national emergency. It is empowered to establish at once and maintain through subordinate bodies of specially qualified persons an auxiliary organization composed of men of the best creative and administrative capacity, capable of mobilizing to the utmost the resources of the country.

The personnel of the council's advisory members, appointed without regard to party, marks the entrance of the non-partisan engineer and professional man into American governmental affairs on a wider scale than ever before. It is responsive to the increased demand for and need of business

organization in public matters and for the presence there of the best specialists in their respective fields. In the present instance the time of some of the members of the Advisory Board could not be purchased. They serve the Government without remuneration, efficiency being their sole object and Americanism their only motive.

As indicated above the Council of National Defense therefore consists of six members of the Cabinet as follows:

The Secretary of War, Chairman.  
The Secretary of the Navy.  
The Secretary of the Interior.  
The Secretary of Agriculture.  
The Secretary of Commerce.  
The Secretary of Labor.

The Advisory Commission of the Council of National Defense consists of seven civilians appointed by the President. The members of the Advisory Commission are as follows:

Mr. Daniel Willard, President of the Baltimore and Ohio Railroad, Chairman.

Mr. Hollis Godfrey, LL.D., President of Drexel Institute, Philadelphia, Pa.

Mr. Howard E. Coffin, of Detroit (who is also chairman of the Committee on Industrial Preparedness of the Naval Consulting Board).

Dr. Franklin H. Martin, of Chicago.

Mr. Bernard Baruch, Financier, of New York.

Mr. Julius Rosenwald, Vice-President of Sears, Roebuck & Company, of Chicago.

Mr. Samuel Gompers, President of the Federation of Labor.

The two bodies meet in joint session at frequent intervals for the purpose of considering problems relating to national defense.

The executive activities of the Council of National Defense are coordinated and carried out through the medium of the Director of the Council of National Defense, Mr. W. S. Gifford, and the chiefs of the various departments represented by the members of the Advisory Commission. Dr. Frank F. Simpson is chief of the Medical Section of the Council of National Defense.

#### THE ADVISORY COMMISSION.

The organization of the Council and of the Advisory Commission provides that each member of the Advisory Commission shall gather about himself for the most effective co-ordination of the activities he represents, a committee or board consisting of representatives of governmental departments on the one hand, and civilian members on the other hand.

The Medical Committee, of which Dr. Franklin H. Martin is chairman, consists of:

Wm. C. Gorgas, Surgeon General of the U. S. Army.

Wm. C. Braisted, Surgeon General of the U. S. Navy.

Rupert Blue, Surgeon General of the U. S. Public Health Service.

Col. Jefferson R. Kean, Director General of Military Relief of the American Red Cross.

Dr. Wm. H. Welch, member of the National Council of Research.

Dr. Wm. J. Mayo, chairman of the Committee of American Physicians for Medical Preparedness.

Dr. Frank F. Simpson, Chief of the Medical Section of the Council of National Defense, and Secretary of the Committee of American Physicians for Medical Preparedness.

Many medical problems which have bearing upon the national defense are considered by Dr. Martin's Committee and by the Advisory Commission and the Council of National Defense before being put into action by the governmental departments concerned.

#### COMMITTEE OF AMERICAN PHYSICIANS FOR MEDICAL PREPAREDNESS—ITS COMPONENT PARTS.

##### *National and State Committees.*

In April, 1916, the national committee was appointed by the joint action of the presidents of the American Medical Association, the American Surgical Association, the Congress of American Physicians and Surgeons, the Clinical Congress of Surgeons of North America, and the American College of Surgeons. To that committee was delegated the responsible duty of formulating plans whereby the civilian medical resources of the United States might be ascertained and effectively co-ordinated for such purposes as might be required by the Federal Government.

The national committee organized, selected a chairman and secretary and an executive committee, and appointed a state committee of nine strong men in each state of the Union.

It is the fixed policy of this committee that all presidents and secretaries of the various state medical societies shall be members of their respective state committees during their incumbency in office. From the first it was contemplated that at the proper time the organization of committees would be perfected in each county of the country. That time has now come and county committees are being rapidly organized.

In each instance the state committees are expected to select the county committees and to supervise their formation.

#### NAME AND PERSONNEL OF COUNTY COMMITTEES.

It is the fixed policy of the Committee of American Physicians for Medical Preparedness that the various important medical interests and activities of each county shall be represented on the county committees. This is done for the purpose of co-ordinating the important interests and activities so that the medical profession of the nation may present a compact and effective organization for the purpose of aiding effectively in the national defense. In order that this plan may be carried out with uniformity and precision throughout the country, the various state committees have been requested to have all county committees bear the following distinguishing name, to wit: The Auxiliary Medical Defense Committee of..... County, in.....State. The state committees have also been requested to provide that the county committees shall include the following in their list of members:

1. All members of National Committee of the

Committee of American Physicians for Medical Preparedness, resident in the individual county.

2. Members of the State Committee resident in or near the individual county.

3. Representatives of the U. S. Army resident in the individual county.

4. Representatives of the U. S. Navy resident in the individual county.

5. Representatives of the U. S. Public Health Service resident in the individual county.

6. Representatives of the State Board of Medical Examiners residing in the individual county.

7. Representatives of the State or City Public Health Service.

8. Ranking medical officer of the National Guard.

9. President and Secretary of the local Medical Officers' Reserve Corps Association, if there should be such an organization.

10. Deans of medical schools.

11. President and Secretary of the County Medical Society.

12. President and Secretary of any other important medical societies.

13. Medical Director of the local Red Cross Units.

14. Other representative medical men.

#### DUTIES OF COUNTY COMMITTEES.

From time to time specific duties will be assigned to the various state and county committees. These duties will be in accord with the policy of the Council of National Defense, and should be executed promptly and precisely by those who are called upon to co-operate in this manner with the Council of National Defense.

The committees will call to their assistance those who have been appointed field aides by their various state committees and such other physicians as they may desire to have co-operate with them.

Among the specific duties which the county committees are requested to perform at this time are the following:

First: That these committees co-operate with the National and State Committees of the Committee of American Physicians for Medical Preparedness in their efforts to gain needful information regarding the civilian medical resources of their own communities, and in their efforts to co-ordinate civilian medical activities for prompt mobilization in case of need.

Second: That they secure applicants:

(a) For the Army Medical Corps. If the President should call the full complement of troops already authorized by Congress, the Regular Army would need about 1,200 additional medical officers. If a million men should be called, a corresponding increase would be required.

(b) For the Medical Officers' Reserve Corps. If war should come, 20,000 to 30,000 medical reserve officers should be enrolled.

(c) For the Naval Medical Corps which needs about 350 additional officers.

(d) For the Coast Defense Reserve Corps of the Navy. Several hundred high class reserve medical officers are desired.

(e) For the National Guard, such numbers as may be required to bring your local National Guard to full strength.

In the preparation for National Defense the first thing needed will be medical officers.

Physicians recommended for such service should be of the highest type. They should be free from suspicion of addiction to drugs or drink.

Medical officers who go to field duty should by preference be under the age of forty-five.

Third: That they co-operate, individually and collectively, with the Medical Department of the Army, Navy and Public Health Service and with the Council of National Defense.

Fourth: That they co-operate with the Red Cross in their efforts to bring that organization to the highest point of efficiency.

#### COMMITTEES OF AMERICAN PHYSICIANS—ACTIVITIES ACCOMPLISHED AND IN PROGRESS.

On the 26th of April, 1916, the Executive Committee of the Committee of American Physicians tendered the services of the committee to the President of the United States. He expressed himself as being pleased with the patriotic tender of services and regretted that existing laws did not permit the acceptance by the Federal Government of gratuitous services, but stated that the matter would be referred to the Secretary of War and the Secretary of the Navy for the purpose of devising plans by which the good offices of the medical profession could be accepted and utilized to best effect by the Federal Government. He further stated that the plans would be referred to the Committee of American Physicians for comments and suggestions. The Executive Committee was permitted to make suggestions regarding the bill creating the Council of National Defense.

During the last year this committee and its various subsidiary bodies have been actively engaged in formulating and carrying out various activities in conformity with the general plans for national defense, which have been undertaken by the Federal Government.

The splendid work done by the various state and other committees was of such extent and value that the Council of National Defense at its first meeting requested the Committee of American Physicians to continue their various activities under the guidance of the Council of National Defense, and asked the Secretary of the Committee of American Physicians to act as chief of the Medical Section of the Council of National Defense. Since that time the various activities have gone forward with renewed energy.

Some of the activities which have either been completed or are well under way, follow:

1st. Some 20,000 medical men selected from all parts of the country have been classified according to the training and the kinds of work which they do best.

2nd. An inventory of hospitals and other medical institutions is well under way.

3rd.\* It has been the fixed policy of the Committee of American Physicians to aid the American Red Cross in bringing its medical department to the highest point of efficiency. With that object

in view, and in order to foster the spirit of co-operation, the members of the National Committee of the Committee of American Physicians accepted invitations to become members of the national committee of the medical department of the American Red Cross. In order further to promote the harmonious co-operation of the two organizations, most of the members of the various state committees of the Committee of American Physicians were also made members of the state committees of the American Red Cross. The various county committees will also be expected to co-operate in carrying out the plans of the two organizations.

4th. The establishment of military training for senior medical students in a large percentage of the high grade medical schools of the country.

5th. The establishment of more effective military training for hospital groups for members of the Medical Officers' Reserve Corps, for dental students, and others.

6th. The appointment of a Committee for the Standardization of Medical and Surgical Supplies and Equipment. The purpose of this work is to designate a list of articles essential to the successful conduct of civilian and military medical and surgical activities so that in the event that it should become necessary to curtail production all of the energies of the drug and instrument makers would be devoted to necessary articles rather than to those which are desirable but not essential. On this Standardization Committee are representatives of the Army, the Navy, the Public Health Service, the Red Cross, the Council of National Defense, and a number of the most distinguished members of the various specialties of civilian medicine. In their work of co-ordination and standardization this committee will take council with the manufacturers of the various supplies under consideration.

7th. Much valuable information supplied by medical and other observers who have worked in the war zones of Europe is being gathered and classified.

8th. The presidents of important national medical organizations of the country have been requested to suggest to the medical section of the Council of National Defense the kinds of work which members of those organizations are best fitted to perform, and to suggest plans whereby their activities and resources might be utilized to best advantage. This request does not contemplate an inventory and organization of these resources. The purpose is that having received suggestions offered by the various organizations, those suggestions will be maturely considered and such as conform to the plans of the Council of National Defense and can be utilized to advantage, will be adopted. The various organizations will, in that case, be requested to co-operate fully and promptly in perfecting the plans of the Council of National Defense.

The foregoing memorandum embodies only a very small percentage of the problems now under consideration. It is neither wise nor desirable, however, to present them in detail at this time.

## Original Articles

### SOME EPIDEMIOLOGIC AND BACTERIOLOGIC OBSERVATIONS ON PARADYSENTERY INFECTIONS IN CALIFORNIA.\*

By K. F. MEYER and J. E. STICKEL, of the George Williams Hooper Foundation for Medical Research, University of California Medical School, San Francisco, California.

In this communication we desire to call attention to the existence of some forms of bacillary dysentery in California and to discuss briefly some of the most important epidemiologic and bacteriologic facts collected during the year 1916.

*Epidemiologic observations:* Before 1914 no information concerning the occurrence of bacillary dysentery could be found in the Reports of the California State Board of Health. A brief note<sup>1</sup> in October, 1914, indicates that three cases of dysentery were observed in this State and that the circumstances of their occurrence warranted further investigation. At that time the writer discussed with Dr. Sawyer, director of the State Hygienic Laboratory, the possibility of epidemic dysentery existing in various localities of California, but was told that so far no bacteriologic evidence had been presented to that effect.

Our interest in the nature of some cases of infantile diarrhoea was aroused in October and November, 1914, when through the courtesy of Dr. W. P. Lucas, of the Children's Department of the University of California Hospital, several stool specimens were submitted for bacteriologic studies. From several samples a bacillus closely related to the dysentery bacillus was isolated, which, according to some English, American and French writers, is responsible for infantile diarrhoea. This is the Morgan's bacillus I. Upon investigation it was found that these cases of gastro-enteritis all came from a small epidemic which had occurred in a private sanatorium in San Francisco. Twelve out of sixteen children showed clinical symptoms, and at least seven of these cases ended fatally. We do not wish to discuss at this time the mooted question as to whether the Morgan's bacillus is the causative agent in these cases of infectious diarrhoea. Ten Broeck,<sup>2</sup> based on his wide experience in Boston, believes that this bacillus has nothing to do with this type of disease of children. Ledingham,<sup>3</sup> Nègre<sup>4</sup> and others present evidence which leaves little doubt but that in a number of instances the group of Morgan's bacillus, or Metacoli (according to Bahr<sup>5</sup>), acquires pathogenic properties. Thus far we have failed to find the same organisms in normal children and adults, or in those suffering from gastro-enteritis.

Over fifty different samples of stools, obtained from the clinic of Dr. Lucas, were examined by one of us<sup>25</sup> and we isolated only once an organism which biochemically would correspond to the Morgan's bacillus, but we classified it with the metacoli bacilli on account of its serologic behav-

\* Read before the San Francisco County Medical Society, February 13, 1917.